FORM A
11/02

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER QUALITY

A

Reset Form

SUPPLEMENTAL APPLICATION FORM TO NJPDES-1 FOR DOMESTIC NJPDES/DSW PERMITS

Refer to Appropriate Completeness Checklist and Instructions. Provide All Applicable Information. Please Print or Type. (Attach additional sheets if necessary)

1. FACILITY NAME:	**2. NJPDES NO. (NEW APPLICANTS LEAVE BLANK)** NJ _____
3. THE PERMIT APPLICATION SHALL INCLUDE:	**a. LINE DRAWING** **b. USGS MAP**

4. PLANT OUTFALL LOCATION:

For each outfall from the treatment plant, list the latitude, longitude and the name of the receiving water.

OUTFALL NUMBER	LATITUDE (deg, min, sec)	LONGITUDE (deg, min, sec)	RECEIVING WATER (name)	USEPA REACH No.	WATERSHED MANAGEMENT AREA
				FOR DEPARTMENT USE ONLY	

5. DESCRIPTION OF RECEIVING WATERS (for each outfall):

a. Outfall number: ☐

b. The receiving waterbody is: tidal ☐ non-tidal ☐

c. For non-tidal waterbodies, provide USGS receiving waterbody flow values(s) in cubic feet per second (cfs):

MA1CD10 flow: _____ cfs

MA7CD10 flow: summer (May 1 through October 31) _____ cfs

winter (November 1 through April 30) _____ cfs

MA30CD10 flow: summer (May 1 through October 31) _____ cfs

winter (November 1 through April 30) _____ cfs

75th Percentile flow _____ cfs

d. Total hardness of receiving stream at critical low flow (if available) _____ mg/L of $CaCO_3$

6. DESCRIPTION OF OUTFALL (for each outfall):

a. Outfall Number: _____

For discharges to estuaries and ocean:

b. Distance from shore (if applicable) _____ feet

c. Depth below surface (if applicable) _____ feet

d. For *nontidal receiving waterbodies* provide the following information at the point of discharge during critical conditions (MA7CD10 flow):

Summer: width _____ depth _____ velocity _____ slope _____

Winter : width _____ depth _____ velocity _____ slope _____

e. Check one of the following:

☐ The outfall is totally submerged at all times. (for tidal and non tidal)

☐ The outfall is not submerged at any time. (for tidal and non tidal)

☐ The submergence of the outfall depends on the tidal stage (tidal only). Provide details on an additional sheet.

Attachment. **Yes** ☐ **No** ☐

Other:

Provide details on additional sheet. Attachment. **Yes** ☐ **No** ☐

Is outfall equipped with a diffuser? **Yes** ☐ **No** ☐

If **Yes,** **single port** ☐ **multi-port** ☐

f. Provide a diagram showing the outfall configuration and its position in the receiving waterbody during MA7CD10 flow (for non-tidal) or mean low flow and mean high tide (for tidal). Attachment: **Yes** ☐ **No** ☐

g. Does this outfall have either an intermittent or a periodic discharge? **Yes** ☐ **No** ☐

If yes, provide the following information:

Number of times per year discharge occurs: _____

Average duration of each discharge: _____

Average flow per discharge: _____

Month in which the discharge occurs: _____

7. POPULATION:

List the municipalities or areas served (municipalities and incorporated service areas). Also list their populations or the total population served.

Name	Population Served

Total population served: 0

8. FLOW:

a. Design maximum daily influent flow rate _____(in MGD)

Effluent flow rate	Two Years Ago	Last Year	This Year
b. Monthly average flow rate (in MGD)			
c. Maximum daily flow rate (in MGD)			
Average estimated daily industrial flow rate (in MGD)			

9. COLLECTION SYSTEM:

Indicate the type(s) of collection system(s) flowing into this treatment plant. Also estimate the percent contribution (by miles) of each.

_____ Separate sanitary sewer _____%

_____ Combined storm and sanitary sewer (if applicable) _____%

Name	Type of collection system	Ownership

10. DISCHARGE OR DISPOSAL METHODS:

a. List how many of each of the following types of discharge points your treatment works uses:

i. Discharges of treated effluent _____

ii. Discharges of untreated or partially treated effluent _____

iii. Combined sewer overflow points _____

iv. Constructed emergency overflows (prior to the headworks) _____

v. Other _____ _____

b. Does your treatment works discharge effluent to *basins, ponds, or other surface impoundments* that do not have outlets for discharge to surface waters of the State? **Yes** ☐ **No** ☐

c. Does your treatment works land-apply treated wastewater? **Yes** ☐ **No** ☐

d. Does your treatment works *discharge or transport* treated or untreated wastewater to another treatment works? **Yes** ☐ **No** ☐

Describe the mean(s) by which the wastewater from your treatment works is discharged or transported to the other treatment works (e.g., tank, truck, or pipe etc.).

_____

If transport is by a party other than the applicant, provide:

Transporter name: _____

Mailing Address: _____

_____

Contact person: _____ Title: _____

Phone number: _____

Provide the average daily flow rate from your treatment works into the receiving facility. _____mgd.

For each treatment works that receives this discharge, provide the following:

Name: _____

Mailing Address: _____

_____

Contact person: _____ Title: _____

Phone number: _____

Provide the NJPDES permit number of the treatment works receiving this discharge. NJ_____

Provide the average daily flow rate from your treatment works into the receiving facility. _____ mgd.

e. Does your treatment works discharge or dispose of its wastewater in a manner not included in 10.a. - 10.d. above (e.g., *underground percolation, well injection*)? **Yes** ☐ **No** ☐

If yes, state the method(s) of disposal: _____

11. BENEFICIAL EFFLUENT REUSE:

a. Is your facility currently *beneficially reusing* the effluent from the wastewater treatment facility?

Yes ☐ **No** ☐

If the answer is **yes**, answer items 1 and 2 below: If the answer is **no**, answer item 3 below:

1. Please list all beneficial reuse applications in which the effluent is currently being utilized (such as, street cleaning/dust control and sewer jetting, non-contact cooling water etc.)

_____

_____

_____

_____

2. What is the total annual average flow rate to all the beneficial reuse applications from your facility?

_____ MGD

3. Would you be interested in beneficially reusing the effluent from the wastewater treatment facility?

   Yes ☐ **No** ☐

   If the answer is **yes**, answer items 4 and 5. If the answer is **No**, answer item 5 only.

4. Please list all the potential beneficial reuse opportunities in your service area.

   _____

   _____

5. Please identify potential obstacles for implementing the use of effluent in beneficial reuse applications.

   _____

   _____

12. INFLOW AND INFILTRATION: *(if applicable)*

Estimate average flow to the treatment plant from Inflow and Infiltration. _____ gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

_____

_____

_____

_____

13. DESCRIPTION OF TREATMENT:

a. What is the highest level of treatment (if any) provided for the discharge from this outfall?

   ☐ Secondary ☐ Equivalent to secondary

   ☐ Advanced ☐ Other

b. Indicate the following removal rates (as applicable):

   Design BOD_5 removal or Design $CBOD_5$ removal _____ % Design N removal _____ %

   Design TSS removal _____ % Other _____ %

   Design Total P removal _____ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe. _____

   If disinfection is by chlorination, is dechlorination used for this outfall? **Yes** ☐ **No** ☐

d. Does the treatment plant have post aeration? **Yes** ☐ **No** ☐

Provide a narrative description of the treatment the wastewater receives or will receive:
(Also, indicate if the units are not made of impermeable materials such as, steel, concrete etc.)

_____

_____

_____

_____

_____

_____

_____

_____

14.ENFORCEMENT/CORRECTIVE ACTIONS:

Identify each AO, ACO, JCO, NOV, COMP (if known to the applicant), or other (OT) corrective or enforcement action(s) required by NJDEP, USEPA or any other governmental agency(ies), and provide a brief summary of the action.

DATE	ACTION	AGENCY	SUMMARY OF REQUIRED ACTION

15. IMPROVEMENTS:

Complete this table if you are required by federal, state or local authority to meet any implementation schedule for construction, upgrading or operation of the wastewater treatment equipment or practices, or any other environmental programs which may affect the discharges described in this application (i.e., permit conditions, administrative orders, etc.).

IDENTIFICATION OF CONDITIONS, AGREEMENTS, ETC.	AFFECTED OUTFALLS		DESCRIPTION OF PROJECT	FINAL COMPLIANCE DATE	
	DSN	SOURCES		REQUIRED	PROJECTED